

Harleston

Norfolk

Mar 2 1895

Dear Sir

I have the pleasure of forwarding
to you a copy of my annual report to the
Depwade Rural Sanitary Authority for
the year 1894

Yours faithfully

Wm Fendler

MDR Depwade Rural Sanitary District

1.

The Librarian

British Medical Association

Kindly note that my address is

Wm Fendler

Harleston

Norfolk

Your my copy is hasty and scratchy

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1894, in the Rural Sanitary District; classified according to DISEASES, AGES and LOCALITIES.

	POPULATION AT ALL AGES.			Registered Births.	Aged under 5 or over 5.	NEW CASES OF SICKNESS IN EACH LOCALITY, COMING TO THE KNOWLEDGE OF THE MEDICAL OFFICER OF HEALTH.													NUMBER OF SUCH CASES REMOVED FROM THEIR HOMES IN THE SEVERAL LOCALITIES FOR TREATMENT IN ISOLATION HOSPITAL.											
	Males.	Females.	Estimated to middle of 1894.			1	2	3	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	6	7	8	9	10	11	12
(a)	(b)	(c)	(d)	(e)	Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	Typhus.	Enteric or Typhoid.	FEVERS.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.		Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	Typhus.	Enteric or Typhoid.	FEVERS.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	
Sharnon	5160		126	Under 5 5 upwds.	3 4	15			1						8															
Forcest	4954		120	Under 5 5 upwds.			1								2															
Stits	3555		87	Under 5 5 upwds.	3 6	2									3															
Marleston	5726		139	Under 5 5 upwds.			1								1															
Markhouse	167		7	Under 5 5 upwds.											1															
Totals	19532		479	Under 5 5 upwds.	6 22	3 31			2						1 21															

There is one Symplicet property at Sharnon in the Rural Sanitary District of Somerset -																															
A Symplicet property, the name of which is Symplicet, is situated at Sharnon in the Rural Sanitary District of Somerset.																															
There is also a small Symplicet property situated at Sharnon in the Rural Sanitary District of Somerset.																															
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State here whether "Notification of Infectious Disease" is compulsory in the District Yes. Since when? Jan-July 1890. Besides the above-mentioned Diseases, insert in the columns with blank headings the names of any that are notifiable in the District, and fill the columns accordingly.

State here the name of the Isolation Hospital used by the sick of the District. Mark (H) the Locality in which such Hospital is situated; and if not within the District, state where it is situated.

NOTES ON TABLE **B.**

(See also Notes on back of Table A.)

- NOTE 1. The present *Table B.* is concerned with population, births, and sickness (not with mortality) in the district or division to which the Table relates.
2. As stated in the heading of Col. (a), *Public Institutions* should be regarded as separate localities, and the new cases of sickness in them should be separately recorded. Workhouses, Hospitals, Infirmaries, Asylums, and other establishments into which numbers of people, and especially of sick people, are received, are Public Institutions for the purpose of these statistics.
3. *Comments on any unequal incidence of notifiable disease upon the several localities, and considerations as to the local incidence of consumption and other prevalent diseases, should be made in the text of the Report.*

(A)

TABLE OF DEATHS during the Year 1894, in the Bellevue RuralParish

District.

MORTALITY FROM ALL CAUSES, AT SUBJOINED AGES.										MORTALITY FROM SUBJOINED CAUSES, DISTINGUISHING DEATHS OF CHILDREN UNDER FIVE YEARS OF AGE.																							
NAMES OF LOCALITIES adopted for the purpose of these Statistics; public institutions being shown as separate localities. (See note 4 on back of sheet.) (Columns for Population and Births are in Table B.)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)																		Tot						
		At all ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
										Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued Fevers.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Ague.	Phthisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Injuries.	All Other Diseases.			
Shattin		95	28	11	9	4	17	31	Under 5 5 upwds.					2					1		9	1	1			1	6	4	12	3	16	31	
									Under 5 5 upwds.																								
Donceat		54	8	8	5	3	15	15	Under 5 5 upwds.					2							4					5	4	8	1	8	21	16	36
									Under 5 5 upwds.																								
Biss		45	12	1		1	11	20	Under 5 5 upwds.												1					2	5	3	1	12	21	13	32
									Under 5 5 upwds.																								
Harleston		79	27	5	3	1	13	30	Under 5 5 upwds.												6					7	8	3	1	18	30	32	47
									Under 5 5 upwds.																								
Winkhouse		27	3	1			4	19	Under 5 5 upwds.												3					1	1	2			19	4	23
									Under 5 5 upwds.																								
TOTALS		300	73	26	17	9	60	115	Under 5 5 upwds.					4					1		23	1	1			1	19	28	1	54	90	274	
The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 3 on back.																																	
Deaths occurring outside the district among persons belonging thereto.									Under 5 5 upwds.																								
Deaths occurring within the district among persons not belonging thereto.									Under 5 5 upwds.																								

The subjoined numbers have also to be taken into account in judging of the above records of mortality. See Note 3 on back.

Deaths occurring outside the district among persons belonging thereto.

Deaths occurring within the district among persons not belonging thereto.

Under 5 upwds.

Under 5 upwds.

Under 5 upwds.

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Under 5 upwds.

Under 5 upwds.

Under 5 upwds.

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5. *The deaths which have to be classified in this Table (A), and summed up in the horizontal line of "Totals,"* are the whole of those *registered* as having actually occurred in the several localities comprised within the Division or District. But the registered number of deaths frequently requires correction before it can give an exact view of the mortality of a Division or District; and the two lowest horizontal lines are provided for the purpose of enabling Medical Officers of Health to indicate, to the best of their ability, what the extent of such corrections should be. Details concerning the corrective figures, *e.g.*, the institutions that have been considered, or the particular localities to which corrections apply, may appear in the text of the report or in supplementary tables.

Wm. J. Purdell Medical Officer of Health.

(Date) February 20th, 1895.

Vol 1

Haarlem

February 20 1895

To

The Depwade Rural Sanitary Authority,

Mr Chairman and Gentlemen

I have now the honour of forwarding to you my twenty first annual report on the condition of the Depwade Rural Sanitary District and on the work done in the year 1894

Work done
by the Sanitary
Inspector

Mr Wm Smith Sanitary Inspector has continued to be an active and able help. He has during the year made 296 journeys and 6767 inspections, given 59 warnings made 21 reports to the Medical Officer of Health and 197 to the Sanitary Committee. Of these 197 cases reported to the Sanitary Committee he was instructed by them to take action in 137 and of the remaining 60 cases some are standing over for further consideration and others have been corrected without further warning.

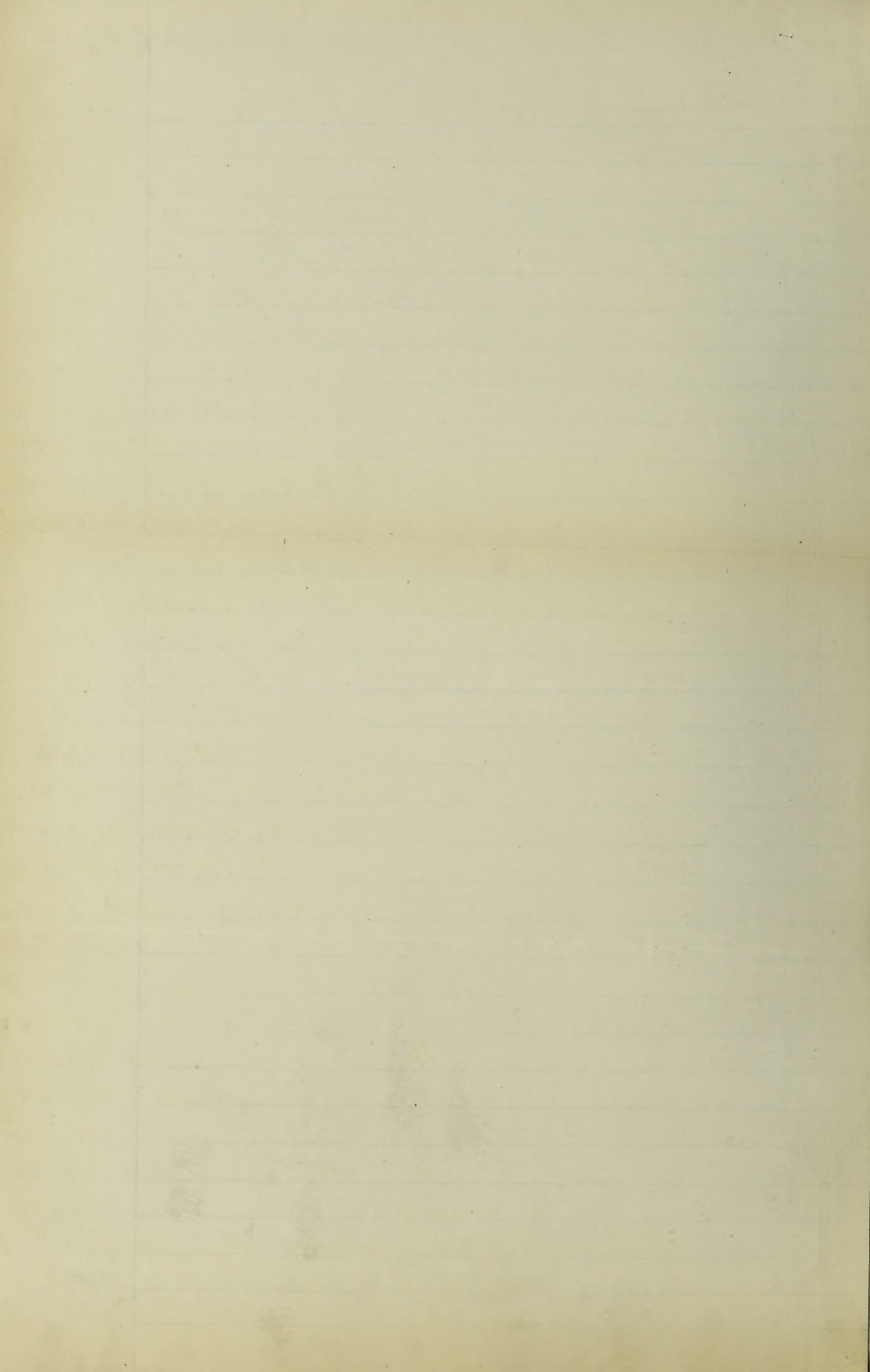
In all, 153 reported nuisances have been abated, but in addition to these, numerous others injurious to health in various ways, have been abated by simply pointing out their danger to the occupiers of houses and the necessity of their correcting the error and abating the nuisance.

Work done
by Medical
Officer of
Health

My own work has been as hitherto the personal inspection of and enquiries into the existing sanitary condition of the District and the changes taking place likely to affect the public health.

Special
Reports
32.

I made 32 special reports to your authority on matters which I felt it was necessary to bring under your notice, describing the character of the nuisances and advising as to the measures which I believed should be adopted to abate them, and in those cases in which you thought action should be at once taken you directed that my suggestions should be carried out.



I have in about the usual number of cases by correspondence or interviews with owners or occupiers obtained the abatement of nuisances and it is chiefly when this has not been successful that I have reported the cases to your authority

As regards nuisances caused by carelessness or ignorance of the occupiers of houses, such as faulty disposal of slops, accumulation of refuse matter, or the keeping of animals too near a dwellinghouse or too near the water supply, thus endangering the purity of the water these nuisances appear to diminish in number. The rural population apparently better understands and appreciates what is and what is not a sanitary condition.

The better the construction and state of repair of a cottage the better as a rule do the occupiers attend to sanitary matters, but there are always some so utterly regardless of even ordinary cleanliness and so unbelieving in the benefits of sanitation, that as great watchfulness as ever is required on the part of the Sanitary Inspector to keep things in a healthy condition. Householders are also themselves making more frequent application to the Medical Officer of Health and Sanitary Inspector for the abatement of nuisances not under their own control such as defective and faulty drainage and privies.

Many however are unwilling to make complaints and wait until the Inspector has discovered the nuisance.

Notwithstanding that many nuisances from faulty privies were abated last year I am sorry to say that as a whole the privies are still far from satisfactory and even when an order has been given to repair an old privy or to ^{build} ~~repair~~ a new one it is very uncertain whether the builder will work on sanitary principles. In some cases I fear because he may not himself fully understand what is required.

Water Closets
and
Privies

and in others perhaps because the owner is anxious to abate the nuisance at the least possible cost.

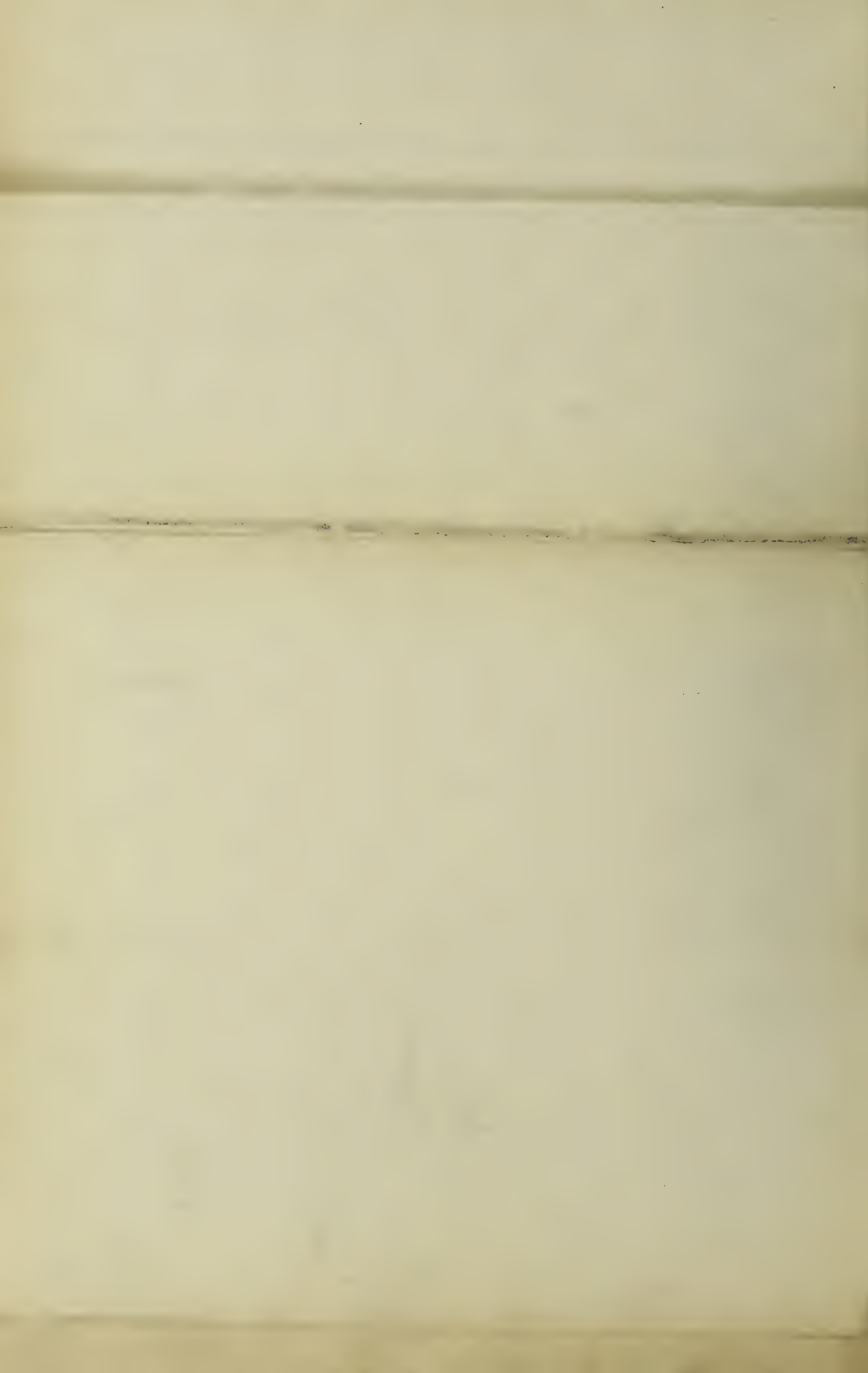
I believe when an order is made to repair a privy or build a new one, a printed form describing plainly what is the least that will satisfy the Sanitary Authority should be supplied to the owner with instructions to present it to the builder whom he may employ.

My personal attention has been required chiefly in the matters of Water Supply, Drainage, Water Closes and privy accommodation. Dilapidated Houses overcrowding and Infectious Diseases.

Water
Supply

As regards Water supply, 10 new wells have been sunk and eight others have been repaired and the water made good. The occupiers of four cottages in Pulham St Mary in Mr H Goulden's farm complained to me that they had no water fit to drink. They now obtain a supply of good water from Mr Goulden's pump and are satisfied. I inspected in May, the farm premises in Tivenham occupied by Mr Turner in consequence of a case of Typhoid Fever having occurred in his house. I reported much faulty drainage and that the water supplied was unfit to drink. The drainage nuisances have all been abated but no new well has been sunk at present. The owner promises to sink one in the only place where it appears that this can be done with the prospect of getting pure water.

I must state that two deaths occurred in the same family in October last from Diphtheria. The Medical attendant in notifying the cases to me, stated also that the water supplied was totally unfit to drink. The parishes of Denton and Allough are still badly supplied with water. A less number of complaints were made to me in 1884 in the matter of water supply than in previous years partly perhaps because the supply is on the increase and partly on account of the wet



Water
Supply

Summer Persons, who have been accustomed all their lives to drink pond water do not complain until the water is scarce & positively offensive - Frederick Osborne and his neighbour living in a double cottage in Burton near the Wash where a supply of water could be obtained at a trifling cost complained to me of having no water fit to drink, I reported the case and a notice was served on the owner but nothing has yet been done. The Rookery Farm in Pulham St Mary reported by me in 1892 as having no supply of water fit to drink, and allowed to stand over, until 1893 (October) is still without a water supply - I also reported in August last that four houses in Fox Green, one a small farm house, all within a stones throw of each other, although each in a different parish, have no water fit to drink or to use for household purposes.

In my reports for 1892 and 1893 I described an easy plan of improving pond water by filtration through a charcoal drain into a shallow well - I have not heard that this plan has been adopted in any fresh cases - I described also an easy plan of making a charcoal filter for family use, and mentioned the dangers attending the use of an ordinary house filter and suggested that leaflets giving plain instructions as to how to make these should be distributed in districts where the water supply is faulty in character - I also expressed the hope which I feel I may repeat that in those districts where the cost of obtaining water is considerably above the average, it will soon be compensated on some authority to sink one, two or more wells, in each parish in proportion to its area and population.

As no house can now be occupied until a satisfactory supply of water is given, the water supply must continue steadily to improve.



Drainage
nuisances
28 abated

In the matter of drainage 28 nuisances were acquired into and abated - Some of these were very important as for instance that in Charleston in the yard between the Post Office and Mr Woods' house, where all the houses on each side the yard including the two just named were rendered unsafe to live in - Another bad case in Charleston was the faulty drainage in Ellis' yard, very similar to that in Woods yard just named - In various other parts of the Sepwade Rural District drainage nuisances of a more or less serious character were abated and four cases are standing over in consequence of the weather

Defective
Water Closets
and Privies
83 cases

Of defective Water Closets and Privies 83 cases were discovered, this is 53 less than in 1893 - Of these 83 cases, in 75 the nuisances were abated and in 8 they are at present standing over

Refuse
matter
5 cases

Five nuisances were discovered, caused by the accumulation of refuse matter too near a house or water supply - These were all abated

Disposal
of Slops
5 cases

Five cases of faulty disposal of slops causing danger to water supply were discovered and abated

Animals
Kept too near
Houses or Water
Supply
8 cases

Eight cases of nuisance caused by animals kept too near a dwelling house or water supply were discovered and abated - These 101 cases under the last four headings were all discovered by the Sanitary Inspector in his visits and with scarcely an exception were abated at his suggestion to the offenders without reporting to the Sanitary Committee

Dilapidated
Houses
5 cases

Five cases of this nuisance were discovered and abated by closing the houses as unfit for human habitation

Overcrowding
6 cases

Six cases of overcrowding were discovered, four of these were abated and two are left standing over for the present

Ash Pits

A few ashpits of proper construction were built in 1894 but as the Local Government Board in 1893 requested the Medical Officer of Health to report on the number and character of the Ashpits in the District, I stated in my report for that year that the supply of an ashpit to cottages was quite an exception and very few were to be found I also stated that unless Ashpits were properly constructed and regularly attended to they were likely themselves to cause nuisances and I gave simple directions for their proper construction, very few however were made last year except where new houses were built for when a new house is built a properly constructed ashpit can be enforced before the house is occupied and in my report this year on Diphtheria I give an illustration in the case of the Kirbys at Tasburgh of the way in which the absence of an ashpit led to a great and long continued accumulation of refuse in a deep hole in the garden which caused such an offensive nuisance that it may have had an influence in causing the 2 cases of Diphtheria which occurred in Kirby's family to have a fatal termination

General Sickness 376 cases

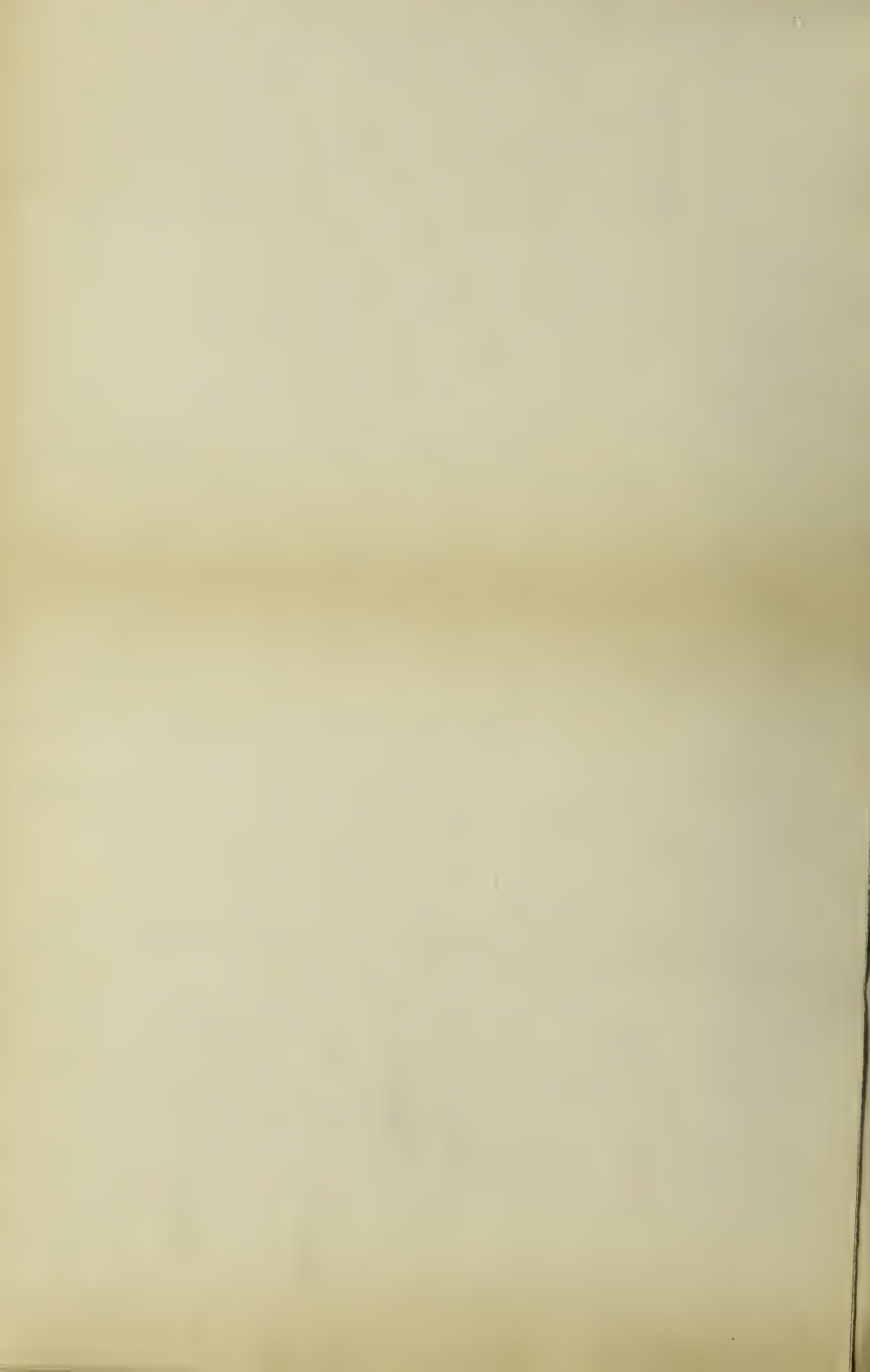
As regards general sickness I know only of those cases which are reported to the Guardians by the District Medical Officers and these are pauper cases only. They numbered 242 in 1892 - 317 in 1893 and 376 in 1894 a steady increase - There were rather more than the usual number of cases in the Workhouse There is nothing special to report

July

Shotton 70 as to the character of the sickness except that there
 Furness 91 were fewer cases of Influenza and these of a
 less 46 milder type - other diseases were in the usual
 proportion. The distribution in the different Subdistricts
 Workhouse 106 is shown in the margin - all the cases of sickness
 in the Workhouse were I suppose entered - while in
 the other districts those only who required relief were
 reported

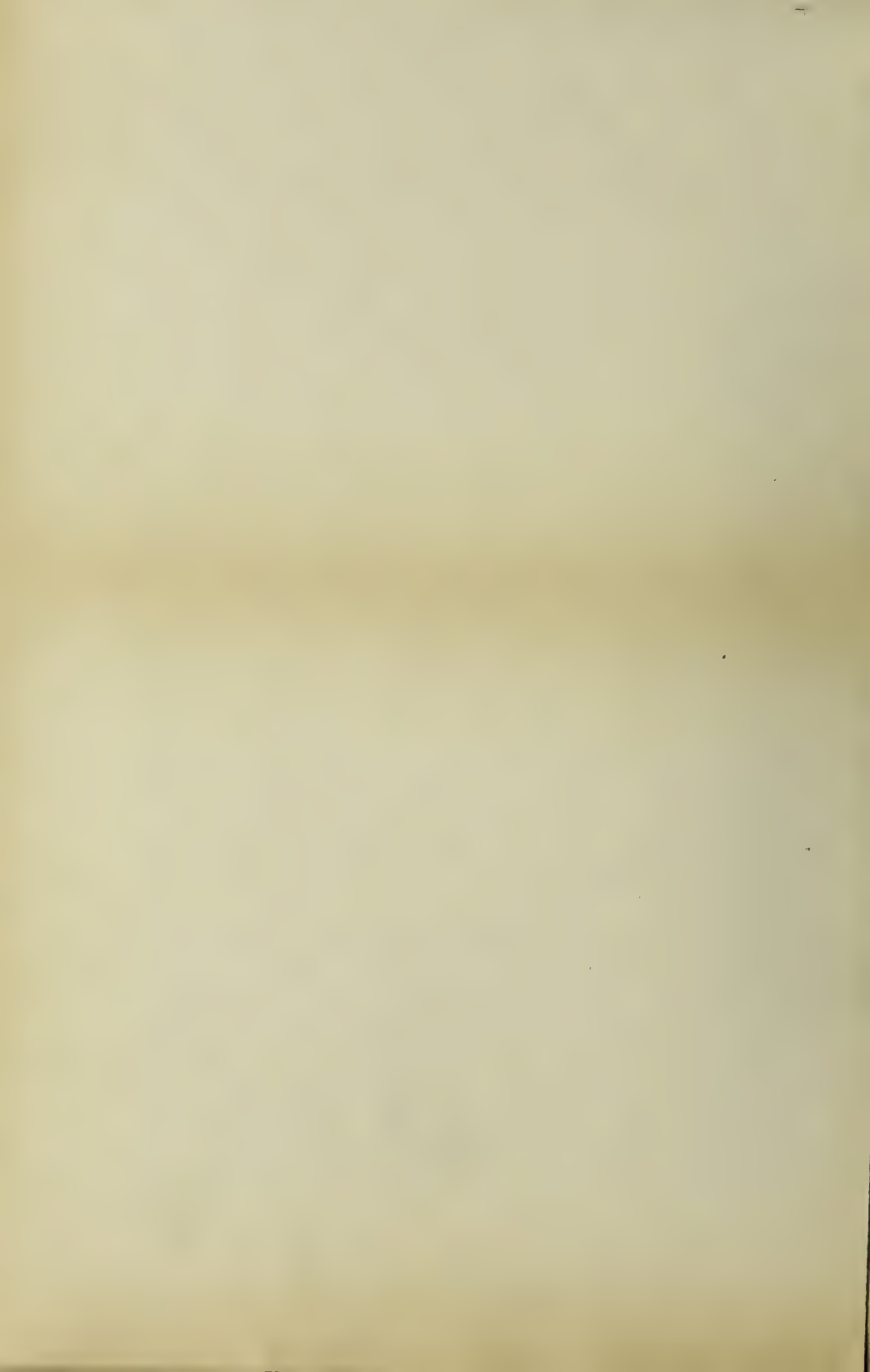
Infectious Diseases Notified in From January 1890 when the notification of
 Infectious Diseases was first made compulsory in
 1890 - - 122 the Dewsbury District the number of cases notified
 1891 - - 87 to me has varied from 86 to 122 as shown in the margin
 1892 - - 108 The 86 cases notified to me in 1894 were of
 1893 - - 98 Scarlet Fever 28 - of these none were fatal
 1894 - - 86 Diphtheria - 34 " " 4 " fatal
 1894 Subdistricts Typhoid Fever 2 " " none " fatal
 Shotton - 32 Erysipelas 22 " " 1 was fatal
 Furness - 15
 Less - 14
 Workhouse - 24 The proportion of these cases in the Subdistricts
 86 is shown in the margin

Scarlet Fever Taking these in the order arranged in Table A
 in Subdistricts and B I begin with Scarlet Fever
 Shotton 7 The first outbreak occurred in the parish of
 Furness - 9 Dickleburgh in Feb. There were 5 cases in the family
 Less - 9 of which - supposed to have been imported, the
 Workhouse - 3 usual precautions were taken and infection did
 28 not spread - Two cases more occurred in Feb. in
 the family of Nicholls at Jacobstone - The origin
 could not be traced, infection did not spread -
 On the 18th of July 2 cases were notified to me
 residing in Pulkton Market far apart from each
 other, I went over to make enquiry I could not
 trace the origin, I gave the usual instructions to
 the parents and to the school master on whom



Scarlet Fever I called. Five days later two more cases in the continued same parish were notified to me with the remark that there were also several cases of sore throats, I at once went again to make further enquiry and found that a boy who had not had any medical attendance had evidently had a slight attack of Scarlet Fever and gone back to school while still infectious - Under my advice the school was closed at once and the rooms thoroughly disinfected and no fresh case occurred. Two cases occurred in the family of Mrs Brooks in Farncey - The outbreak was imported from another district - Infection did not spread

A case imported from another district occurred in Pulham St Mary in August. Also in August there was one case in Tharston and two in Breckleburgh - The origin could not be traced - Infection did not spread - Early in November a case occurred in the family of Mr Chapman living near Eniger Hill Stenston - As the family is large, the portable wooden hospital from the Workhouse was brought over and the healthy members of the family were lodged in it, this proved to be a remarkably severe and protracted case - By the kind help of friends a trained nurse was procured and infection did not spread - About the same time two more cases were notified to from another part of Stenston with the remark that they had been attending school while in an infectious state before any medical man had seen them, as this is often the cause of a serious outbreak. I advised the closure of the school at once, this was done, the school house was thoroughly disinfected, and no fresh case occurred. These had no connection with Chapman's case



Scarlet Fever Three more cases occurred at Farnceft end and
Continued two in Bunwell Of the 28 cases none proved fatal
In each outbreak the spread of infection was prevented
and no second outbreak could be traced to infection
from a previous ^{one} in the Depwade District - I may
therefore say truly that the measures adopted were
very successful

Diphtheria Of the 34 cases of Diphtheria 4 proved fatal
34 cases or 11.9 p/c - This is considerably below the average - 2
Subdistricts in the Shotton and 2 in the Farnceft District - In 1893
Shotton - 16 The number of cases was largest in the Farnceft and
Farnceft - 3
Dios - 2 smallest in the Shotton district -
Hartlepool - 13

34 Remarking on the cause of Diphtheria in my
report for 1893 I said that as a rule I did not find
the sanitary condition of the premises was below the
average, but there were exceptions to this I also said
that although the predominant opinion among those
whose experience and position were such as to give
them authority, was, that insanitary conditions do not
cause Diphtheria yet my own personal experience of
many years led me to think that these certainly may
have some share in the cause and I now feel sure
they have a tendency to increase the mortality - So far
as a small number of cases may be of any use in
forming an opinion, the mortality last year bears this
out - Of the four fatal cases, two occurred in a farm
house in Tiberham where I had previously reported
insanitary conditions while inspecting the premises
in consequence of Typhoid Fever being in the house

The insanitary conditions were bad drainage
and faulty water supply and although the drainage
nuisances were all abated before the cases of
Diphtheria occurred, yet the water remained unfit to
drink

Diphtheria
(continued)

The other two fatal cases occurred in the family of Capt Kirby at the Post Office Tasburgh, a niece aged 11 years died in January and I Ethel Jane age 9 died in May. When I inspected the premises in January nothing insanitary could be found except the absence of an Ashpit (nothing unusual) and the consequent accumulation of refuse matter in a hole in the garden a good distance from the house and nothing offensive could be noticed - When I called in May in consequence of the second case of Diphtheria this refuse matter was being removed, and the stench from it was most sickening and intolerable causing sickness and diarrhoea in those who were removing it and I believe it is not improbable that the child who died in January took harm while playing there (as she did) although nothing offensive was then noticed. This is another indication of the necessity of careful and proper disposal of refuse matter by the use of properly constructed ashpits. In this instance the refuse was in a deep hole which was simply filled to the level of the garden so that no accumulation was observable and no nuisance could be noticed until the refuse was disturbed - just after this disturbance was made the wife of Capt Rice living just behind Kirby's house fell ill with Diphtheria, and 3 children in the house of Mr Francis in the same parish & Horace Cushion in a cottage not far distant was also ill with Diphtheria at the time Kirby's first child died. The chief insanitary condition in this case was no proper water supply - the family drank the water from the brook and do now, as I said in my report for 1893 Diphtheria is spread by

Diphtheria
Continued

actual contact with the patient, or with anything he has breathed upon, or with any excretion from the nose, throat, or mouth, these should be thoroughly disinfected or burned at once. Care should be taken by the nurses to obtain full and plain instructions from the medical attendant how properly to do this.

Typhoid
Fever
Two Cases
Tibbenham
Shatton

Only two cases of Typhoid Fever were notified to me one was that of Mrs Turner living in a farm at Tibbenham, the insanitary condition of the whole premises here I have reported upon. The second is Diphtheria. The other case was that of Herbert Benstead in Shatton St Michael - of this case I have nothing special to report - In both cases proper precautions were taken and the patients did well.

Erysipelas
22 Cases
Shatton
Furze
Lois
Houlston
Witcham

Twenty two cases of Erysipelas were notified to me one of which was fatal - there being general blood poisoning as well - These cases occurred one or more in each month of the year in the different parishes as shown in the margin - The chief object in notifying Erysipelas is to prevent the nurses or attendants coming into contact with or undertaking the charge of any person having a wound or with any person who is about to be or has recently been confined, in the latter case it would incur the risk of conveying Puerperal Fever and in the former it might convey a very dangerous form of Erysipelas - These precautions were taken in every case and infection did not spread in any

Infectious
Diseases
Not Notified

I have gone through all the cases of Infectious Disease of the kind which are notified to me and as regards those which are not, as Measles Whooping Cough and Diarrhoea, I hear only of the cases which prove fatal and of those which

Influenza are reported to the Guardians by the District
 14 deaths Medical Officers - I know that Whooping cough
 in the Subdistrict prevailed extensively through the whole District,
 & as it caused the death of 23 children, the majority
 of whom were under 6 months old, Measles I believe
 prevailed in some districts - Influenza prevailed

Mortality from pretty extensively in some districts although much less
 Infectious Diseases so, and generally of a milder type than in 1893 - It was
 notified however the cause of 14 deaths, as shown in the Mapin

Diphtheria 4 The Mortality from the eleven classes of Infectious
 Erysipelas - 1 diseases which are notified was only 5 that is 0.2 per 1000

This is at the rate of 0.2 per 1000 which is lower than it has been since the Notification of
 of the population Infectious Diseases Act came into force in the Depwade
 to these add Rural District, but when I add in these the mortality from
 Infectious Diseases not notified, which include Measles
 Whooping Cough and Diarrhoea it brings the Total up to
 23 Whooping Cough and Diarrhoea which brings the Total up to
 28 which is 1.5 per 1000 of the population. This unusually
 heavy total was caused by the very extensive prevalence
 of Whooping Cough, which proved fatal in 23 cases - The
 proportion of these cases in the different Subdistricts is shown
 in Table A The measures adopted to prevent the spread of
 Infection I described in my report on Sickness from Infectious Diseases

Total Mortality The Total Mortality from all causes at all ages was 300 or
 300 15.3 per 1000 against 16.6 in 1893 and 17.5 in 1892

43 Infants died under one year of age
 26 persons died between one year and 5
 17 " " " 5 years " 15
 9 " " " 15 " " 25
 60 " " " 25 " " 65
 115 " " aged 65 years and upwards
 of these last
 58 died between 70 years and 80
 32 " " 80 " " 90
 3 " " 90 " " 100

Total Mortality The proportion of deaths to the population in the different sub-districts is shown in the margin - This nearly repeats the proportions in 1893 when in the Shalton Sub-district the death rate was lowest, thus Shalton Sub-district 13.9

Shalton	18.4	Jorncett	16.1	Harleston	16.2	Dis	17.
Jorncett	10.9						
Dis	12.7						
Harleston	13.7						

The Total number of Births was 479 or 101 less than in 1893 - This is a very low Birth Rate being at the rate of 24.5 per 1000 of the population - The proportion of infants dying under one year of age was unusually high being 73 or one in every 6.5 of the Births registered, against one in 9.5

Births 479 n 24.5 p. 1000

Shalton 24.4
Jorncett 24.2
Dis 24.6
Harleston 24.2

In 1893 To account for this high infant mortality must enter into the various causes of it - First the extensive prevalence of Whooping Cough caused the death of 18, and when Whooping prevails extensively there are generally at the same time numerous cases of Pneumonia and Bronchitis & these caused the death of 12 more and 19 were prematurely born, living from a few minutes to a few days

Infant Mortality 18
Whooping Cough 12
Pneumonia and Bronchitis 19
Premature Birth 11
Convulsions 6
Malformation 3
Phthisis 3
Diphtheria 3
Inquest natural causes 3

These 3 causes account for the death of 49 or just two thirds of the total infant mortality - The causes of the remaining third are shown in the margin

Mortality Table from 1874 divided into periods of 7 years

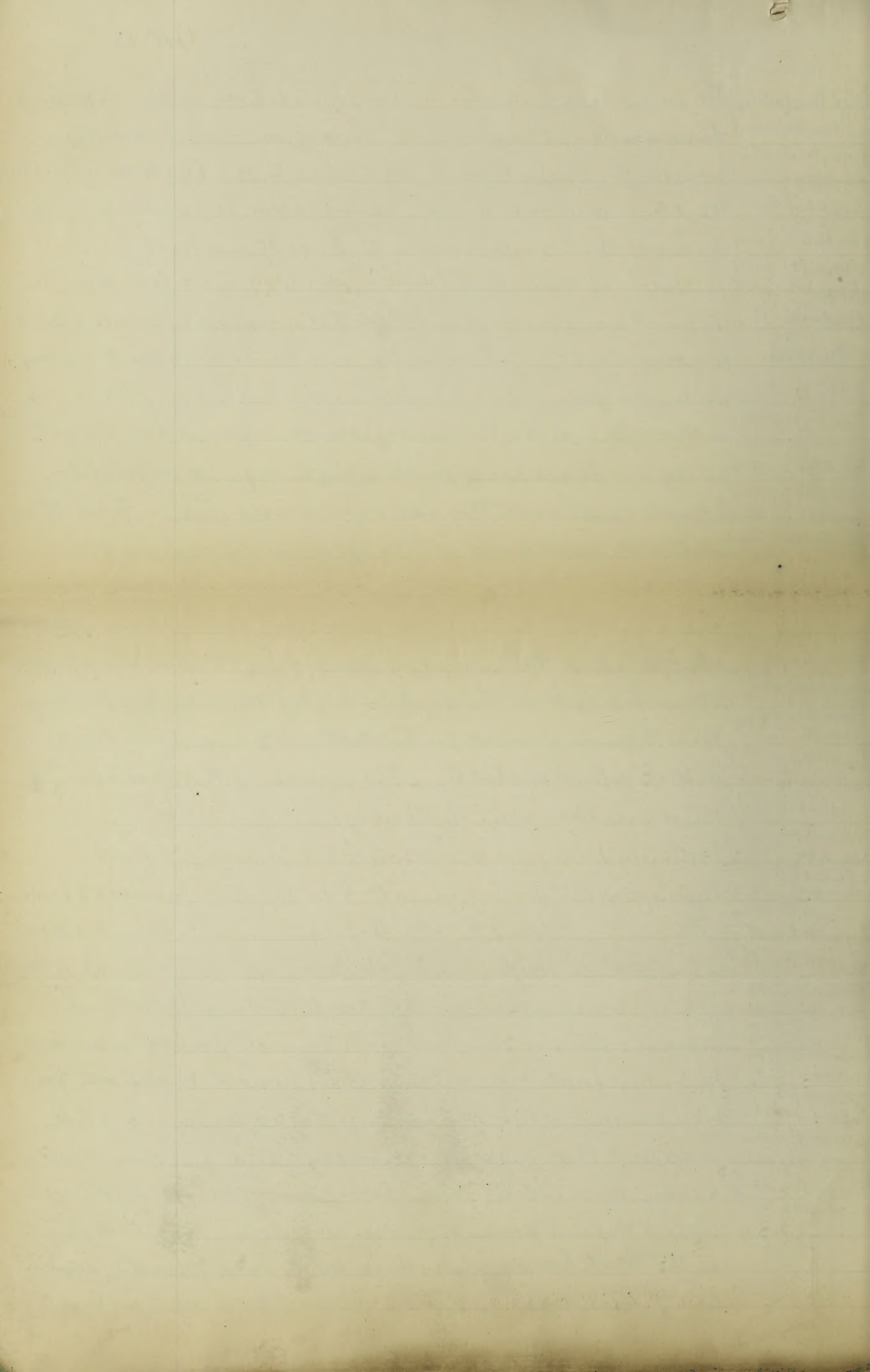
73	Average of the first 7 years	17.8	Do Infections Diseases	1.2	p. 1000
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Infant Deaths per 1000 Births	"	"	"	Second 7	"	16.8	"	"	"	0.5	p. 1000
"	"	"	"	Third 7	"	16.3	"	"	"	0.8	p. 1000

Shalton 182.5
Jorncett 66.5
Dis 137.9
Harleston 194.2
Workhouse 128.5

The slight increase in the death rate of Infectious Diseases during the last Septennial period is accounted for by the fact that during that period diphtheria has been claimed among the Infectious Diseases which

Infant Deaths per 1000 Births in the Defective was not the case previously, and further by the heavy mortality from Whooping Cough in the year 1894 - This last accounts for the very heavy Infant Mortality in the Workhouse where there were only 7 births and of these 7 there were 3 deaths from Whooping Cough



Shatton			
Sub-district Deaths from Suicide, Injury and Deaths not certified			
Hempnall Jan 31	John Formatt age 2 yrs	Scalded by Kettle of boiling water	Inquest
Pulham & Mary Mary 17	Jeremiah Throver 45	Suicide by hanging	Inquest
Hempnall Mar 22	Emmanuel Leach 66	Shooting	Inquest
Pulham & Mary Mar 31	Ellen Squire 49	Syncope	Inquest
Hempnall June 30	Robert Knutt 76	Natural Causes	Inquest
Pulham & Mary July 1	Charles Bailey 80	Kicked by a Horse	Inquest
Shatton & Mary Oct 21	Lily Abbott 1 1/2	Natural Causes	Inquest
Thurston Dec 25	Wm Barrett age 2	Croup / measles	Not Certified

Ince			
Sub-district			
Tibbenham Feb 10	Edward Barnard 8	Death from Natural Causes Erysipelas and ^{Blood poisoning}	Inquest
Tibbenham Mar 20	Rosa Birch 11 years	Lock-jaw caused by accidental injury to leg	Inquest
Mumwell April 8	Edith Maria Arnold 2 yrs	Convulsions not Certified and no Inquest	
Hapton June 14	Howell 5 hours	Natural Causes	No Inquest

Bigg Sub-district			
Burston Jan 2	Amos Prentice 68	Found drowned	Inquest
Gosling Feb 12	Martha Sande 57	Heart Disease Syncope	Inquest
Tockes Hatch Mar 8	Charles Heaby 75	Natural Causes	Inquest
Sorte Sep 17	Charles Wm Gibson 7 weeks	Natural Causes	Inquest
Dickleburgh Dec 27	Ed & Aldis 23 hours	Premature Birth	Coroner's letter

Harleston			
Sub-district			
Alburgh Mar 3	Harry Sheldrake 4 days unknown	Reported to Coroner	No Inquest
Harston Aug 18	Wm Brown 82	Natural Causes	Inquest
Harleston Nov 4	Arthur Herbert Swan 1 month	Natural Causes	Inquest
Harleston Nov 29	James Squire 70	Suicide by hanging	Inquest

I have not had occasion to inform the Local Government Board of any dangerous outbreak of Infectious Disease
 It has not been necessary to take legal proceedings in any case during the year 1894

no action has been taken under the Sale of Food & Drugs Act

I am, Gentlemen
 Your Obedient Servant
 Wm. J. J. J.

Medical Officer of Health
 Depwade Rural Sanitary District

